

Exhibit 14

DR. MICHAEL J. MARION
Hammons vs University of Maryland Medical System

April 06, 2022

1

1 IN THE UNITED STATES DISTRICT COURT

2 FOR THE DISTRICT OF MARYLAND

3 -----:
4 JESSE HAMMONS, :
5 :
6 Plaintiff, :
7 vs. :Case No.
8 :1:20-CV-02088-DKC
9 UNIVERSITY OF MARYLAND :
10 MEDICAL SYSTEM CORPORATION, :
11 :
12 UMSJ HEALTH SYSTEM, LLC, :
13 :
14 UNIVERSITY OF MARYLAND ST. :
15 JOSEPH MEDICAL CENTER, LLC, :
16 Defendants. :
17 -----:

11 Towson, Maryland

12 Wednesday, April 6, 2022

13 Video Conference Deposition of:

14 DR. MICHAEL J. MARION

15 called for oral examination by counsel for
16 Plaintiff, pursuant to notice, in Towson, Maryland,
17 before Sheri C. Stewart, RPR, RMR, of Esquire
18 Deposition Solutions, a Notary Public in and for the
19 State of Maryland, beginning at 12:01 p.m., when
20 were present on behalf of the respective parties:
21

22 Job No. J8078711

A P P E A R A N C E S:

On behalf of Plaintiff:

JONATHAN HERMANN, ESQUIRE
ANDREW D. COHEN, ESQUIRE
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On behalf of Defendants:

DANIELLE VRABIE, ESQUIRE
Sheppard, Mullin, Richter & Hampton, LLP
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Also present: George Ellis, videographer

C O N T E N T S

EXAMINATION BY:	PAGE
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MR. HERMANN	5
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(*Exhibits attached to transcript.)

1 THE VIDEOGRAPHER: We are now on the 12:01:38
2 record. The time is 12:01 p.m. Eastern 12:01:39
3 Standard Time on April 6, 2022. This begins 12:01:41
4 the videoconference deposition of Dr. Michael 12:01:45
5 J. Marion taken in the matter of Jesse Hammons 12:01:48
6 versus the University of Maryland Medical 12:01:52
7 System Corporation, et al., filed in the United 12:01:52
8 States District Court for the District of 12:01:57
9 Maryland, case number is 1:20-CV-02088-DKC. My 12:02:00
10 name is George Ellis, I'm your remote 12:02:07
11 videographer. The court reporter is Sheri 12:02:13
12 Stewart. We're representing Esquire Deposition 12:02:15
13 Solutions. 12:02:16

14 Counsel please state your name and who you 12:02:19
15 represent after which the court reporter will 12:02:21
16 swear in the witness. 12:02:22

17 MR. HERMANN: Good afternoon. Jonathan 12:02:25
18 Hermann, Patterson, Belknap, Webb & Tyler for 12:02:26
19 plaintiff, Jesse Hammons. 12:02:29

20 MS. VRABIE: Danielle Vrabie for the 12:02:30
21 defendants and the witness. 12:02:34

22 THE VIDEOGRAPHER: Sheri, you're -- two 12:02:35

1 things. Sheri was muted and, Mr. Fisher, we 12:02:35
2 did not hear your -- 12:02:35
3 MR. FISCHER: This is Aron Fischer, I'm 12:02:52
4 Mr. Herman's colleague at Patterson, Belknap. 12:02:53
5 I'm going to be here silently listening. 12:02:56
6 P R O C E E D I N G S 12:03:01
7 WHEREUPON, 12:03:01
8 DR. MICHAEL J. MARION 12:03:01
9 called as a witness, and having been first duly 12:03:01
10 sworn, was examined and testified as follows: 12:03:01
11 EXAMINATION BY COUNSEL FOR PLAINTIFF 12:03:01
12 BY MR. HERMANN: 12:03:19
13 Q Good afternoon, Dr. Marion. Could you 12:03:24
14 please just state your name for the record? 12:03:26
15 A Michael Marion. 12:03:29
16 Q And, Dr. Marion, have you ever been 12:03:31
17 deposed before? 12:03:33
18 A Yes. 12:03:34
19 Q And you understand that you're testifying 12:03:35
20 under oath today? 12:03:38
21 A Yes. 12:03:39
22 Q And that being under oath means that 12:03:40

1 A We became employed physicians. 12:09:42

2 Q And so did SJMC acquire that orthopedic 12:09:47
3 practice? 12:09:51

4 A It's a little bit more complicated than 12:09:54
5 that. We maintain a managed service organization or 12:09:56
6 an MSO, so we maintain our own practice and run the 12:09:59
7 practice, but the physicians and providers are APPs, 12:10:04
8 are mid levels, are employed by the St. Joseph 12:10:09
9 Medical Group. 12:10:12

10 Q You were once chief of surgery at SJMC, 12:10:16
11 correct? 12:10:19

12 A I'm currently chief of surgery at SJMC. 12:10:20

13 Q And when did you become chief of surgery? 12:10:23

14 A 2017, January. 12:10:27

15 Q And what are your responsibilities as 12:10:30
16 chief of surgery? 12:10:32

17 A I'm part of the self-governing medical 12:10:34
18 staff office, so I have responsibility to the 12:10:37
19 physicians who are surgeons, they're in my 12:10:42
20 department, and I sit on the medical executive 12:10:46
21 committee representing those physicians to make sure 12:10:50
22 that we're following policy and procedures of the 12:10:54

1 hospital. 12:10:57

2 Q You mentioned you sit on a medical 12:10:59

3 executive committee. Would you say you report to 12:11:01

4 that committee? 12:11:03

5 A I'm a member of the committee. 12:11:04

6 Q Who else is a member of that committee? 12:11:08

7 A All of the department chiefs as well as 12:11:10

8 the chief medical officer. 12:11:14

9 Q You report to the chief medical officer? 12:11:21

10 A I do. 12:11:23

11 Q Do you report to anyone else in your role 12:11:26

12 as chief of surgery? 12:11:27

13 A You know, the lines these days with chief 12:11:30

14 of surgery become a little bit blurry. Officially I 12:11:33

15 am, again, part of that, I'm governed by the medical 12:11:36

16 staff governing system, but being an employed 12:11:39

17 physician, I also report to the administrative side 12:11:47

18 of the hospital as an employee. 12:11:52

19 Q And who would you report to on the 12:11:56

20 administrative side other than the chief medical 12:12:00

21 officer? 12:12:02

22 A Scott Conover and Tom Smyth. 12:12:03

1 Q And who are they? 12:12:09

2 A One is a VP and the other is the CEO of 12:12:10

3 the hospital. 12:12:14

4 Q Does anybody report to you as chief of 12:12:17

5 surgery? 12:12:19

6 A I don't have a direct report, no. 12:12:20

7 Q Do the surgeons who perform surgeries at 12:12:25

8 SJMC report to you in any way? 12:12:30

9 A No. Again, I help to administer the 12:12:33

10 policy of the hospital, but those surgeons can be 12:12:36

11 employed by the hospital, those surgeons can be 12:12:42

12 community practice providers that are privately 12:12:45

13 employed, are self-employed, so they don't report to 12:12:47

14 me in an employment fashion. 12:12:51

15 Q Generally speaking, what policy do you 12:12:54

16 help to develop? 12:12:58

17 A Typically around quality and safety and 12:13:01

18 then following the bylaws and the policies of the 12:13:05

19 hospital. 12:13:08

20 Q And in your development of these policies, 12:13:12

21 do you have any communications with University of 12:13:14

22 Maryland medical school? 12:13:18

1 A The medical school? 12:13:21

2 Q I'm sorry, medical system, I misspoke, 12:13:22

3 medical system, UMMS. I'll refer to it as UMMS. 12:13:24

4 A Not directly. I mean the MEC reports to 12:13:29

5 the board, right, so the decisions of the medical 12:13:31

6 executive committee then go up to the board of the 12:13:34

7 hospital, but there's not a direct connection 12:13:37

8 between our medical executive committee and the 12:13:40

9 University of Maryland Medical System. 12:13:43

10 Q Were you also at one point medical 12:13:47

11 director of Surgical Informatics? 12:13:49

12 A Yes. 12:13:52

13 Q Are you still the director? 12:13:53

14 A Yes. 12:13:55

15 Q Can you explain generally speaking what 12:13:58

16 the medical director of Surgical Informatics does? 12:14:00

17 A Sure. In October of 2014, we implemented 12:14:04

18 our current electronic medical record which is Epic, 12:14:10

19 and that took a lot of work interfacing with the 12:14:14

20 surgeons and the front line providers who were going 12:14:18

21 to use that electronic medical record and the 12:14:21

22 analysts who created the electronic medical record 12:14:25

1 and so I helped to bridge that gap with either 12:14:28
2 education, elbow support, developing systems within 12:14:32
3 the electronic medical record. 12:14:37

4 Q And when you say elbow support, I'm 12:14:42
5 assuming you don't mean surgically speaking? 12:14:44

6 A No. I mean holding their hand through 12:14:47
7 creating notes and understanding how to enter data 12:14:50
8 and moving through the DHR. 12:14:53

9 Q And who, if you can generalize, who do you 12:14:57
10 help entering that information into Epic? 12:15:02

11 A Again, typically I'm, I have purview over 12:15:09
12 surgeons and surgical providers. 12:15:14

13 Q How about schedulers at SJMC? 12:15:18

14 A They're on the -- no, I mean, I help with 12:15:22
15 any issues that may come up but, you know, the 12:15:25
16 scheduling is a separate department within SJMC. 12:15:29

17 Q And circling back, if we could just 12:15:35
18 briefly, to your role as chief of surgery. 12:15:38

19 A Um-hum. 12:15:40

20 Q Is it possible, could you give me a 12:15:41
21 typical day of your duties in a day as chief of 12:15:43
22 surgery? 12:15:48

1 answers your question. 12:37:13

2 Q Let me just see if I can -- so it's fair 12:37:15
3 to say that staff at SJMC does not consider whether 12:37:17
4 a hysterectomy is life threatening before allowing 12:37:22
5 it to be scheduled, correct? 12:37:26

6 MS. VRABIE: Objection. 12:37:28

7 BY MR. HERMANN: 12:37:37

8 Q I'll ask another way. 12:37:37

9 Has a hysterectomy ever been denied 12:37:38
10 at SJMC because it was not to treat a life 12:37:42
11 threatening condition? 12:37:45

12 MS. VRABIE: Objection. If you know, if 12:37:51
13 you can answer, Dr. Marion, you can. 12:37:52

14 A I'm not sure, I'm just not following the 12:37:54
15 question, I guess. 12:37:56

16 BY MR. HERMANN: 12:37:57

17 Q I'll try and rephrase. 12:38:03

18 Is it fair to say, to your knowledge, 12:38:08
19 that no hysterectomy has been canceled at SJMC 12:38:09
20 because that hysterectomy was to treat a nonlife 12:38:17
21 threatening condition? 12:38:20

22 MS. VRABIE: Objection. 12:38:23

1 A I think, if I may, I think you're asking 12:38:43
2 me if a patient has a life threatening condition, 12:38:47
3 would we do the surgery emergently, like a 12:38:51
4 hysterectomy. So if a patient has uterine bleeding, 12:38:56
5 there are situations in which a patient can 12:39:02
6 exsanguinate and die from uterine bleeding, we would 12:39:04
7 do a hysterectomy immediately for that case and 12:39:07
8 there would, without a question. 12:39:15

9 BY MR. HERMANN: 12:39:19

10 Q And -- 12:39:20

11 A Did I answer that, what you're getting at? 12:39:20

12 Q I think we're getting there. And so the 12:39:23
13 vast majority of hysterectomies, it sounds like 12:39:25
14 based on your answer, are performed to treat 12:39:27
15 conditions that are not emergent? 12:39:31

16 A The majority are -- 12:39:34

17 MS. VRABIE: Objection. 12:39:36

18 A -- done to treat non-emergent conditions, 12:39:36
19 yes. 12:39:39

20 BY MR. HERMANN: 12:39:40

21 Q Okay. And so once again, scheduling 12:39:40
22 surgeons do not need your approval provided they 12:39:49

1 have the credentials and the admitting privileges to 12:39:54
2 schedule a hysterectomy at SJMC? 12:39:56
3 A Correct. 12:40:00
4 Q Are you familiar with the institutional 12:40:02
5 ethics committee? 12:40:04
6 A I know that we have one. 12:40:09
7 Q What is your understanding of what that 12:40:12
8 committee does? 12:40:15
9 A They help adjudicate any ethical decisions 12:40:17
10 that need to be made in the hospital, if there are 12:40:23
11 complicated patient care decisions, they act as a 12:40:26
12 resource. 12:40:30
13 Q Have you ever participated in an ethics 12:40:33
14 committee meeting? 12:40:36
15 A No. 12:40:37
16 Q Have you ever sat on the ethics committee? 12:40:39
17 A No. 12:40:41
18 Q Do physicians or scheduling surgeons need 12:40:45
19 to get approval for any particular procedure from 12:40:47
20 the ethics committee? 12:40:50
21 A It depends. There are situations in which 12:40:55
22 there are end of life issues that come up that 12:40:59

1 sometimes go to the ethics committee so there may be 12:41:03
2 instances in which the ethics committee is consulted 12:41:08
3 for specific decisions. 12:41:11

4 Q What about for hysterectomies, to your 12:41:15
5 knowledge? 12:41:21

6 A There was a case, I believe, that did go 12:41:28
7 to the ethics committee over hysterectomy. 12:41:32

8 Q And do you remember approximately when 12:41:37
9 that case was? 12:41:38

10 A It may have been in 2018. I don't know if 12:41:40
11 that case actually went to the committee or not. 12:41:43
12 There was talk of it going to the committee and I 12:41:46
13 don't know if it ended up going to the committee or 12:41:48
14 not. 12:41:50

15 Q And can you think of any other 12:41:51
16 hysterectomies that were referred to the committee? 12:41:53

17 A No. And again, I'm going to clarify that 12:41:56
18 by saying that I am not the chief of OB-GYN even 12:42:01
19 though I'm the chief of surgery. So oftentimes 12:42:05
20 those types of questions go through the chief of 12:42:09
21 OB-GYN and I don't deal with them. So I likely 12:42:12
22 wouldn't know of other cases. 12:42:18

1 Q Understood. If we can just focus on that 12:42:24
2 2018 case for a moment. Do you recall anything 12:42:29
3 specific about, about that procedure? 12:42:33

4 A Yes. 12:42:37

5 Q What do you recall? 12:42:39

6 A That there was a question of whether the 12:42:45
7 case could be performed because the, the patient 12:42:47
8 identified as transgender. 12:42:56

9 Q And do you remember the outcome of that 12:43:01
10 case? 12:43:03

11 A I believe the case was performed. 12:43:04

12 Q Shifting gears just briefly. Are you 12:43:14
13 familiar with the ethical and religious directives 12:43:17
14 of the Catholic health services? 12:43:20

15 A Yes. 12:43:22

16 Q And I'm just going to refer to them as 12:43:23
17 ERDs. Would you understand if I refer to them as 12:43:24
18 ERDs? What do you know about the ERDs? 12:43:27

19 A They are a list of directives from the 12:43:33
20 U.S. Conference of Catholic Bishops that help govern 12:43:37
21 what may and may not be done in Catholic hospitals. 12:43:42

22 Q And what's the basis for your 12:43:48

1 understanding? 12:43:51

2 A As someone who works at a Catholic 12:43:53

3 hospital, it's actually in my employment contract 12:43:56

4 that I am to follow the ERDs. 12:44:00

5 Q Have you read them in their entirety? 12:44:04

6 A I have. 12:44:07

7 Q When was the last time you read them in 12:44:09

8 their entirety? 12:44:12

9 A Probably in 2018. 12:44:14

10 Q And when you say 2018, are you referring 12:44:18

11 to the time around the hysterectomy we just spoke 12:44:20

12 of? 12:44:24

13 A Actually, I think in 2018 was the most 12:44:24

14 recent update of the ERDs. 12:44:27

15 Q Have you attended training sessions on the 12:44:32

16 ERDs? 12:44:34

17 A No. 12:44:36

18 Q Have you spoken with any religious 12:44:39

19 authorities about the ERDs specifically? 12:44:41

20 A Yes. We have a VP of admission 12:44:44

21 integration who is in charge of ensuring that the 12:44:48

22 ERDs are followed. 12:44:51

1	Q	And who is that individual?	12:44:54
2	A	Right now it's Father Asoby.	12:44:57
3	Q	And have you spoken to Father Asoby about	12:44:59
4		the ERDs?	12:45:01
5	A	No.	12:45:03
6	Q	Was, did Dr. or Father Asoby have a	12:45:05
7		predecessor?	12:45:08
8	A	Yes.	12:45:11
9	Q	And who was that predecessor?	12:45:12
10	A	That was Keith Riddle.	12:45:14
11	Q	When did Father Asoby take over Keith	12:45:16
12		Riddle?	12:45:19
13	A	Maybe, boy, the dates get blurred with the	12:45:23
14		pandemic. I'm thinking just before the pandemic so	12:45:29
15		maybe the end of 2019.	12:45:32
16	Q	Okay. And did you speak with Mr. Riddle	12:45:35
17		about the ERDs?	12:45:38
18	A	Yes.	12:45:39
19	Q	Approximately when?	12:45:42
20	A	2018.	12:45:44
21	Q	On more than one occasion?	12:45:46
22	A	Maybe twice. I remember one specific	12:45:50

1 meeting but, no, maybe twice. 12:45:53

2 Q What was the nature of that one meeting? 12:45:58

3 A To review the, to review the ERDs because 12:46:00

4 there was a new edition that was published with 12:46:04

5 whatever changes they were and how we should 12:46:11

6 interpret them. 12:46:14

7 Q Was there anyone else at this meeting? 12:46:15

8 A I want to say that Gail Cunningham, our 12:46:20

9 CMO, was there, and maybe our director of surgical 12:46:27

10 services was there. 12:46:33

11 Q And who was that? 12:46:35

12 A Larry Moore. I can't recall if he was 12:46:37

13 there or not. I think he was. 12:46:40

14 Q And do you remember any specifics of that 12:46:43

15 meeting? 12:46:47

16 A You know, just the highlights of the 12:46:52

17 general, the general flavor of the ERDs and what we 12:46:54

18 are permitted and not permitted to do at 12:47:02

19 St. Joseph's. 12:47:04

20 Q And did that discussion at all concern 12:47:06

21 whether surgeries could or could not be performed at 12:47:10

22 is SJMC? 12:47:15

1 A Yeah, I mean we know that we cannot do 12:47:16
2 sterilizations, we can't do vasectomies, we can't do 12:47:17
3 tubal ligations, we can't do abortions of any type. 12:47:19

4 Q And you spoke about all of this at that 12:47:26
5 one meeting? 12:47:29

6 A Yes. 12:47:30

7 Q And since 2018, I think, I think you've 12:47:34
8 answered this, but just to be clear, since 2018 have 12:47:37
9 you had discussions about the ERDs with the vice 12:47:40
10 president from admission integration? 12:47:44

11 A No. 12:47:49

12 Q Have you had discussions about the ERDs 12:47:50
13 with anybody? 12:47:51

14 A I don't believe any formal, not in any 12:47:57
15 formal way, no. 12:48:00

16 Q What's your understanding of how ERDs 12:48:04
17 govern surgeries? And I know you've touched on this 12:48:08
18 just before? 12:48:11

19 A Yeah. So, you know, in broad, in broad 12:48:11
20 strokes, as I said, we're, we, we, when I say we I 12:48:15
21 mean St. Joseph Medical Center is not permitted to 12:48:19
22 do any type of sterilizations, as I mentioned. We 12:48:23

1 (Whereupon, Exhibit No. 10 was marked for 13:11:37
2 identification.) 13:11:37

3 BY MR. HERMANN: 13:11:44

4 Q Dr. Marion, do you see UMMS395 up on the 13:11:48
5 screen? 13:11:54

6 A Yes. 13:11:55

7 Q One moment. 13:11:57

8 MS. VRABIE: Yeah, I note that it's also a 13:11:58
9 multipage exhibit and I'd like to have the 13:12:00
10 chance for the witness to look through the 13:12:03
11 entire document, so. 13:12:05

12 MR. HERMANN: Sure. Why don't we do -- 13:12:10
13 why don't we do -- why don't we do this. Why 13:12:11
14 don't I try and drop the file into the chat and 13:12:16
15 Dr. Marion will see if that works. Let's see. 13:12:18

16 THE WITNESS: So what I am doing 13:12:53
17 downloading this file? Is that what I'm 13:12:54
18 supposed to do? 13:12:57

19 MS. VRABIE: Yeah, if you download the 13:12:58
20 file then you'll be able to open it and scroll 13:12:59
21 through it and read it. 13:13:04

22 MR. HERMANN: I'll still share my screen 13:13:09

1 if that's all right just to make sure that 13:13:11
2 we're on the same page literally and 13:13:13
3 figuratively. Let us know when you open that 13:13:15
4 document up. 13:13:24

5 THE WITNESS: I'm actually having a little 13:13:34
6 trouble with it, honestly. Oh, I got it. 13:13:36
7 Okay. It's open. 13:13:41

8 BY MR. HERMANN: 13:13:42

9 Q I'll give you a minute just to skim 13:13:43
10 through it and refresh your recollection. 13:13:45

11 A Sure. All right. Yes. Thank you. 13:13:48

12 Q I'm on what's stamped as page UMMS399, it 13:14:31
13 is page five of the PDF. Do you see that? 13:14:36

14 A Yes. 13:14:42

15 Q Do you recall receiving this e-mail from 13:14:42
16 Kate Barbara on October 11, 2018, with the subject 13:14:45
17 line Adashek 11, slash, 12? 13:14:48

18 A Yes. I mean, I don't recall it. I know I 13:14:52
19 reviewed it so, yes. 13:14:54

20 Q Do you recall who Kate Barbara is? 13:14:58

21 A Yes. 13:15:00

22 Q And who is she? 13:15:02

1 A She's the head of surgical business 13:15:03
2 administrator who's also in charge of the posting 13:15:09
3 department. 13:15:12

4 Q And you mentioned earlier that the 13:15:14
5 administrative department is responsible for 13:15:17
6 training the schedulers, correct? 13:15:19

7 A Correct. 13:15:22

8 Q And that's with respect to identifying 13:15:23
9 certain procedures that might be flagging, correct? 13:15:25

10 A Yes. 13:15:30

11 Q Do you recall the details about what she 13:15:30
12 calls this, quote, case? That she's identifying in 13:15:33
13 this e-mail? 13:15:37

14 A Yes. 13:15:37

15 Q And we started discussing it a little 13:15:38
16 earlier, but if you could just tell me what you 13:15:40
17 remember about this case. 13:15:42

18 A There was a question about whether the 13:15:46
19 case could be posted because the patient was 13:15:49
20 identified as transgender and as I had mentioned, 13:15:52
21 our nonclinical posting department is trained to 13:15:59
22 understand the ethical and religious directives so 13:16:04

1 that raised a red flag for them and so they 13:16:08
2 contacted Kate, their supervisor, to see if we could 13:16:10
3 or should be posting this case at St. Joe's. 13:16:15

4 Q And so your understanding is that they 13:16:20
5 flagged this case based on their understanding of 13:16:22
6 what the ERDs permit and do not permit? 13:16:25

7 A That's right. 13:16:28

8 Q Do you recall forwarding this e-mail chain 13:16:33
9 to Dr. Smyth, CC'ing Keith Riddle? 13:16:34

10 A I do. 13:16:40

11 Q Okay. Who is Thomas Smyth? 13:16:41

12 A He's the CEO of the hospital. 13:16:45

13 Q And he's a medical doctor? 13:16:48

14 A He is. He's a urologist by training. 13:16:50

15 Q And we discussed Keith Riddle a little bit 13:16:53
16 before. Is he a medical doctor? 13:16:56

17 A No. 13:16:57

18 Q Do you recall writing to Dr. Smyth that 13:16:58
19 you, quote, didn't think that there was a problem, 13:17:02
20 unquote, in doing a hysterectomy? 13:17:05

21 A Yes. 13:17:07

22 Q What did you mean by that? 13:17:07

1 A I didn't think that this case was in 13:17:10
2 violation of the ERDs. 13:17:16

3 Q And why didn't you think it was a 13:17:20
4 violation of the ERDs? 13:17:22

5 A If my recollection is correct, I clarified 13:17:24
6 with the surgeon, Dr. Adashek, who was posting the 13:17:29
7 case, to ask what the symptoms were for which 13:17:33
8 Dr. Adashek was posting the hysterectomy and I was 13:17:40
9 told that it was abnormal uterine bleeding or 13:17:44
10 dysmenorrhea. We -- I'm sorry. 13:17:47

11 Q Go ahead. 13:17:52

12 A No, no. 13:17:53

13 Q Go ahead. I didn't want to cut you off. 13:17:53
14 You were talking about your conversation with 13:17:56
15 Dr. Adashek. 13:17:58

16 A Yes. So upon finding out that the 13:17:59
17 diagnosis was abnormal uterine bleeding I felt that 13:18:02
18 that was an indication for hysterectomy, that does 13:18:07
19 not run afoul of the ERDs. 13:18:12

20 Q And did you speak to Dr. Adashek before 13:18:16
21 you received this e-mail from Ms. Barbara? 13:18:20

22 A No. 13:18:22

1 Q So you called him after you received this 13:18:23
2 e-mail, correct? 13:18:28

3 A Yeah. I believe I called him. I don't 13:18:29
4 think that there was an e-mail, I think I called 13:18:32
5 him. 13:18:34

6 Q And just to be clear, Dr. Adashek was the 13:18:35
7 surgeon scheduling this procedure, correct? 13:18:37

8 A Correct. 13:18:40

9 Q Did you know Dr. Adashek before this 13:18:42
10 procedure? 13:18:45

11 A Yes. 13:18:46

12 Q Has he performed hysterectomies at SJMC 13:18:47
13 before? 13:18:51

14 A Yes. 13:18:51

15 Q You write here that the, quote, the 13:18:54
16 scheduling department was questioning whether we 13:18:56
17 could do the surgery in a Catholic institution. And 13:18:58
18 you're referring of course to SJMC, correct? 13:19:01

19 A Yes. 13:19:05

20 Q And by we, you're referring to the doctors 13:19:05
21 and the staff affiliated with SJMC? 13:19:07

22 A I was referring to the institution itself 13:19:13

1 being governed by ERDs. 13:19:16

2 Q And you said that the scheduling 13:19:21
3 department is instructed to check whether procedures 13:19:22
4 are compliant with the ERDs? 13:19:25

5 A They are trained such that when a 13:19:28
6 procedure comes up, it may be running afoul of the 13:19:31
7 ERDs, they're to bring that to their supervisor, 13:19:35
8 which was the case here, yeah. 13:19:38

9 Q To your knowledge, has scheduling ever 13:19:40
10 raised a question about whether any other 13:19:44
11 hysterectomy could take place at SJMC due to the 13:19:45
12 ERDs? 13:19:50

13 A In fact, this was the only case that has 13:19:52
14 ever been brought to me by the scheduling 13:19:54
15 department. 13:19:57

16 Q Was this case brought to you, not 13:20:00
17 including plaintiff's case, brought to you where 13:20:02
18 that case concerned a scheduled hysterectomy? 13:20:08

19 A No. In fact, just to be clear, the 13:20:12
20 plaintiff's case didn't come to me either. 13:20:14

21 Q Understood. I'm going to scroll up a 13:20:19
22 little bit to Mr. Riddle's response to you. He 13:20:25

1 says, quote, no gender reassignment surgeries are to 13:20:29
2 be done in a Catholic institution. Do you see that? 13:20:32

3 A Yes. 13:20:36

4 Q And what did you understand him to mean by 13:20:38
5 that? 13:20:40

6 A The procedures that are being done for 13:20:41
7 gender affirmation cannot be performed in a Catholic 13:20:44
8 institution because it runs afoul of the ERDs, which 13:20:48
9 I need to paraphrase, and again, I'm no expert on 13:20:56
10 the ERDs, but altering God given normal anatomy and 13:20:58
11 taking out normal organs is not condoned by the 13:21:02
12 ERDs. 13:21:05

13 Q And again when you say normal organs 13:21:07
14 you're referring to healthy tissue? 13:21:09

15 A Healthy tissue, yeah. 13:21:11

16 Q And Mr. Riddle writes further, we could 13:21:16
17 not do the gender reassignment surgery but if there 13:21:20
18 was another medical reason for something that, all 13:21:23
19 caps, might, could be considered. Do you see that? 13:21:27

20 A Yes. 13:21:31

21 Q And what do you understand or what did you 13:21:32
22 understand him to mean by that? 13:21:34

1 A Well, in my e-mail I had said that I don't 13:21:35
2 think that there's a problem with this case because 13:21:39
3 in this particular case there was a diagnosis of 13:21:42
4 dysmenorrhea or abnormal uterine bleeding which is a 13:21:47
5 diagnosis that we, meaning St. Joseph Medical 13:21:51
6 Center, performed hysterectomies for. 13:21:55

7 Q And nevertheless, if we scroll up just a 13:21:59
8 little bit, this e-mail from Dr. Smyth, he says, I 13:22:01
9 don't think we can do this case, right? 13:22:06

10 A That's what he said. 13:22:11

11 Q And is it your understanding that SJMC 13:22:15
12 could not do this case because the patient was 13:22:18
13 transgender? 13:22:21

14 A It was my understanding that Dr. Smyth was 13:22:24
15 concerned that this particular case was running 13:22:27
16 close to the red line that St. Joe's is not allowed 13:22:33
17 to cross. 13:22:38

18 Q And what -- 13:22:39

19 A Based on the ERDs. 13:22:40

20 Q As you understand it, what is that red 13:22:44
21 line? 13:22:45

22 A St. Joe's can't remove normal organs and 13:22:48

1 can't do gender-affirming surgery for transgender
2 patients.

3 Q Dr. Smyth further instructs here to, for
4 Mr. Riddle to forward to Gail so that she can review
5 for medical necessity and primary diagnosis,
6 correct?

7 A Yes.

8 Q And that's Dr. Cunningham the CMO?

9 A Correct.

10 Q Does Dr. Cunningham have final say over
11 whether a surgery can take place?

12 A She would have, yes, she, I report to her,
13 she would supercede with my judgment, yes.

14 Q And does anybody supercede hers?

15 A I suppose that she can discuss that with
16 the CEO and the ethics committee.

17 Q And so she also may have final say about
18 whether the surgery's compliant with the ERDs,
19 correct?

20 A Correct.

21 Q So based on this e-mail chain it's
22 accurate to say that a hysterectomy cannot be

1 performed at SJMC if the primary reason for that 13:24:09
2 surgery is gender affirming, correct? 13:24:12

3 A Correct. 13:24:15

4 Q But if the primary reason for a 13:24:17
5 hysterectomy was unrelated to the gender-affirming 13:24:18
6 surgery then the hysterectomy could be performed, 13:24:22
7 correct? 13:24:24

8 A Right. If there's another diagnosis and, 13:24:25
9 you know, so just to put it in, you know, more 13:24:27
10 simple terms, if the organ was diseased, so to 13:24:29
11 speak, if there was some diagnosis of abnormality 13:24:34
12 then, yes, if it's something that we do 13:24:36
13 hysterectomies for then we would be able to do it 13:24:39
14 regardless of the patient being transgender or not. 13:24:42

15 Q And in this case the primary diagnosis 13:24:47
16 that you note was abnormal uterine bleeding, 13:24:48
17 correct? 13:24:51

18 A Correct. 13:24:52

19 Q And that is a medical indication for 13:24:53
20 receiving a hysterectomy? 13:24:57

21 A Yes. 13:24:59

22 Q And in fact, that's what you wrote, that 13:25:01

1 the primary diagnosis was in fact abnormal bleeding, 13:25:02
2 right? 13:25:06

3 A Correct. 13:25:07

4 Q Do hysterectomies scheduled at SJMC with a 13:25:07
5 medical indication of abnormal uterine bleeding 13:25:12
6 typically require your approval? 13:25:13

7 A No. 13:25:17

8 Q Before this had they ever required your 13:25:18
9 approval? 13:25:20

10 A This was the only case that I can recall 13:25:22
11 of a hysterectomy coming to me for my approval. 13:25:24

12 Q What about Dr. Cunningham or Dr. Smyth's 13:25:30
13 approval? Are you aware of any others before this 13:25:33
14 case? 13:25:36

15 A Before this case, no, I'm not. The only 13:25:37
16 other case I know is the plaintiff's case in 2020 13:25:40
17 that came to Dr. Cunningham. But again -- 13:25:43

18 Q And what about -- 13:25:48

19 A Just to clarify, I'm a chief, while I'm a 13:25:50
20 chief of surgery, there may have been instances that 13:25:54
21 have been brought forward to the chief of OB-GYN 13:25:57
22 that I would not be privy to. 13:26:03

1 Q Understood. And we talked before about 13:26:04
2 how hysterectomies were fairly routine; is that 13:26:11
3 correct? 13:26:14

4 A They're one of the more common diagnoses. 13:26:16
5 They're one of the more common procedures that GYNs 13:26:17
6 do in the hospital, yes. 13:26:22

7 Q And in fact, you write this in 2018 that 13:26:23
8 hysterectomies are a routine procedure? 13:26:25

9 A Yes. 13:26:29

10 Q And that was true when this e-mail was 13:26:30
11 sent? 13:26:32

12 A Yes. 13:26:33

13 Q That was true in 2020? 13:26:35

14 A Yes. 13:26:37

15 Q And so you can't identify any other 13:26:44
16 medical indications or pre-operation diagnoses for 13:26:49
17 hysterectomies that would have required your 13:26:51
18 approval, right? 13:26:53

19 A Correct. 13:26:58

20 Q So it's true here that by reposting the 13:27:05
21 surgery with the diagnosis abnormal uterine bleeding 13:27:08
22 that surgery could in fact be performed at SJMC, 13:27:10

1 right? 13:27:13

2 MS. VRABIE: Objection. You can answer, 13:27:16

3 Doctor. 13:27:20

4 A Yes. 13:27:21

5 BY MR. HERMANN: 13:27:22

6 Q Go ahead. 13:27:26

7 A The surgeon, the GYN felt that this was 13:27:27

8 medically necessary because of a diagnosis that 13:27:30

9 signified an abnormal, abnormality for which we do 13:27:34

10 hysterectomies, yes. 13:27:39

11 Q And when you say the surgeon you're 13:27:41

12 referring to Dr. Adashek? 13:27:43

13 A Yes. 13:27:44

14 Q And in fact, this hysterectomy was 13:27:47

15 performed ultimately, correct? 13:27:49

16 A Yes. 13:27:51

17 Q Let's scroll up. To the e-mail you wrote 13:27:57

18 on October 13th at 9:01. Do you see that? 13:28:04

19 A Yes. 13:28:09

20 Q And you note that the hysterectomy was 13:28:13

21 questioned because the patient was transgender, 13:28:15

22 right? 13:28:17

1 A Correct. 13:28:18

2 Q And you in fact called that 13:28:20

3 discrimination. Do you see that? 13:28:23

4 A I was referring -- no. I mean, there's a 13:28:29

5 context to it, right? The e-mail was written 13:28:33

6 because I was concerned that if we were denying a 13:28:39

7 transgender person a hysterectomy who had abnormal 13:28:44

8 uterine bleeding that would be denying a certain 13:28:50

9 segment of our population a hysterectomy for a 13:28:55

10 diagnosis that we do hysterectomies for. And that 13:28:58

11 would be discrimination. 13:29:02

12 Q And that diagnosis you're referring to is 13:29:05

13 the abnormal uterine bleeding, correct? 13:29:07

14 A Correct. 13:29:10

15 Q Was it your understanding that this 13:29:11

16 procedure was emergent? 13:29:13

17 MS. VRABIE: Objection. 13:29:15

18 A This was not emergent. 13:29:18

19 BY MR. HERMANN: 13:29:31

20 Q I'm going to scroll up now to Dr. Smyth's 13:29:31

21 response to you in which he says that your e-mail 13:29:37

22 is, quote, a bit strong for e-mail traffic. Do you 13:29:41

1 see that? 13:29:45

2 A Um-hum. I do. 13:29:46

3 Q What did you understand him to mean by 13:29:48

4 that? 13:29:50

5 A I think that he was responding to the 13:29:52

6 passion in which I wrote my e-mail and he felt that 13:29:56

7 that emotion wasn't appropriate for a routine e-mail 13:29:59

8 discussion of this medical issue. 13:30:08

9 Q Do you agree with him? 13:30:12

10 A In hindsight, yes. 13:30:14

11 Q Why is that? 13:30:18

12 A In the way I wrote the e-mail, I think it 13:30:21

13 was somewhat disrespectful to Mr. Riddle with the 13:30:23

14 way I characterized his e-mail. And I think that 13:30:29

15 that's primarily what Tom was referring to. I talk 13:30:32

16 about, I talk about conversion therapy and I give an 13:30:37

17 analogy that probably was not as respectful or 13:30:42

18 appropriate as I could have been. 13:30:46

19 Q Understood. You mentioned that you're 13:30:52

20 passionate? 13:30:56

21 A Yes. 13:30:56

22 Q Do you today consider that passion 13:30:59

1 justified? 13:31:00

2 A Yes. 13:31:01

3 Q And that was because of your belief that 13:31:05

4 the hospital was denying a patient services that it 13:31:08

5 would not have denied a non-transgender patient, 13:31:14

6 correct? 13:31:17

7 A Correct. 13:31:18

8 Q And you agree to refrain from e-mail 13:31:27

9 conversation and await the committee's decision? 13:31:29

10 A Yes. 13:31:33

11 Q What was your understanding of the harm in 13:31:38

12 continuing the e-mail conversation? 13:31:41

13 MS. VRABIE: Objection. You can answer, 13:31:46

14 Mr. Marion. 13:31:49

15 A Again, I think that the, I think Dr. Smyth 13:31:50

16 wanted to discuss this in person because he felt 13:31:52

17 that my e-mail was somewhat emotional and 13:31:55

18 potentially not respectful to Mr. Riddle. Again, if 13:32:03

19 you scroll down to the previous e-mail that I had 13:32:12

20 written, and, yes, and where I talk about 13:32:15

21 specifically conversion therapy and the harm on the 13:32:24

22 LGBTQ community. I think that Mr. Riddle had given 13:32:30

1 an example or a paper that I can't quite recall at 13:32:35
2 this time that spoke about what the Catholic, the 13:32:39
3 Conference of Catholic Bishops were stating about 13:32:48
4 gender-affirming surgery and, you know, my answer in 13:32:52
5 this e-mail may have been a little bit too pointed 13:32:56
6 for e-mail traffic because as we know, e-mails, 13:33:00
7 texts and written communication can be misconstrued 13:33:03
8 so Tom Wisely said, well, let's discuss this, you 13:33:08
9 know, at a later date. 13:33:14

10 BY MR. HERMANN: 13:33:17

11 Q In that article that Mr. Riddle sent? 13:33:17

12 A Um-hum. 13:33:20

13 Q Did you read it to state that the Catholic 13:33:20
14 church has a policy of denying gender-affirming 13:33:26
15 surgeries in Catholic institutions? 13:33:32

16 A You know, to tell you the truth I can't, I 13:33:34
17 actually looked for the attachment that he sent and 13:33:38
18 I couldn't find it. I can't remember what the 13:33:40
19 attachment was. Nonetheless, I'll answer your 13:33:43
20 question. That it's my understanding from the ERDs 13:33:47
21 and from Mr. Riddle's interpretation of them, is 13:33:50
22 that in a Catholic institution, no, we are, we, 13:33:54

1 St. Joe's, cannot do gender-affirming surgery. 13:33:57

2 Q Can you recall any other instance in which 13:34:05
3 Dr. Smyth or Dr. Cunningham told you to refrain from 13:34:07
4 discussing a certain topic by e-mail? 13:34:12

5 A There have been other instances where 13:34:15
6 Dr. Smyth has said you know what, this would be a 13:34:18
7 better discussion in person, so, yes. 13:34:21

8 Q Did those discussions concern 13:34:25
9 hysterectomies? 13:34:27

10 A No, they did not. 13:34:28

11 Q And they didn't concern transgender 13:34:30
12 patients? 13:34:33

13 A No, they did not. 13:34:34

14 Q And again, you said -- you referenced the 13:34:37
15 committee in this e-mail. Are you referring to the 13:34:40
16 ethics committee? 13:34:42

17 A Yes. 13:34:44

18 Q And do you know what they ultimately 13:34:45
19 decided? 13:34:48

20 A You know, and so this is where I just, I 13:34:49
21 don't, I know that the surgery was performed. I 13:34:52
22 don't know if this went to the ethics committee and 13:34:56

1 if it did, I wasn't specifically consulted or 13:35:00
2 discussed it with the ethics committee nor did they 13:35:07
3 give me any feedback. So I don't know if this went 13:35:09
4 to the ethics committee or not. I assume it did 13:35:12
5 from the e-mail chain but I really, I don't know 13:35:15
6 personally. 13:35:19

7 Q Did you have any other conversations with 13:35:26
8 Dr. Smyth about this procedure? 13:35:30

9 A We did have a meeting after this e-mail 13:35:33
10 chain to discuss this. 13:35:35

11 Q And what was discussed at that meeting? 13:35:38

12 A Again, some clarification of the ERDs, 13:35:41
13 what the meaning of the ERDs were, what we can and 13:35:44
14 cannot do which we had gone over, and I again 13:35:47
15 affirmed my belief that in 2018 with this particular 13:35:51
16 case, that there was a medical indication for 13:35:55
17 surgery and because of that medical indication, 13:36:00
18 because the diagnosis was one in which we at 13:36:07
19 St. Joe's performed hysterectomies for, that this 13:36:11
20 was an appropriate case. 13:36:14

21 Q And do you remember what Dr. Smyth said at 13:36:17
22 that meeting with respect to what the ERDs do and do 13:36:21

1 not allow?

13:36:24

2 A Yes. And we talked about how, you know,
3 the, there is a audit process that St. Joe's is
4 subject to by the archdiocese and how they look at
5 these cases and how they interpret them and how we
6 have to carefully document what we do, and I'll give
7 you an example. As you know, because of the ERDs,
8 we cannot do sterilization procedures. One of the
9 things we cannot do is we cannot place IUDs for
10 women who need, who want an IUD for the purposes of
11 birth control. However, at St. Joe's, we do
12 sometimes place IUDs because another indication for
13 placing an IUD is abnormal bleeding and that is a
14 treatment for abnormal bleeding but we have to
15 carefully document that and that gets audited every
16 so often and, again, that's in the OB-GYN department
17 so I don't know how frequently it's audited but I do
18 know it is audited regularly by those who enforce
19 the ERDs. And so we have to be very careful with
20 how we do certain procedures and what the
21 documentation around those procedures is.

13:36:26

13:36:29

13:36:37

13:36:41

13:36:43

13:36:46

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13:37:00

13:37:04

13:37:09

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13:37:41

13:37:44

13:37:51

1 documentation needed to comply with the ERDs for the 13:37:54
2 purposes of this audit? 13:37:58

3 A That was part of the concern, yeah. 13:38:00

4 Q And what else was part of the concern? 13:38:03

5 A Again, the issue of does this case, did 13:38:06
6 this case violate the ERDs or not. So that was a 13:38:12
7 discussion that we had. 13:38:17

8 Q Was there any written material produced in 13:38:21
9 that meeting? 13:38:24

10 A You mean like minutes or anything like 13:38:27
11 that? I don't believe so. Yeah, I mean, we, again, 13:38:29
12 we reviewed the written material of the ERDs but it 13:38:33
13 was a discussion. 13:38:36

14 Q Was Dr. Cunningham at that meeting? 13:38:39

15 A I believe so, yes. 13:38:42

16 Q Who else was at that meeting? 13:38:43

17 A I believe it was Dr. Smyth, 13:38:48
18 Dr. Cunningham, Keith Riddle and I can't remember 13:38:50
19 who else might have been. Oh, you know what, I 13:38:58
20 think that there was the chief of OB-GYN who at that 13:39:00
21 point was Catherine Sewell. 13:39:04

22 Q And did anyone other than Dr. Smyth inform 13:39:07

1 you of their interpretation of the ERDs with respect 13:39:16
2 to this case? 13:39:20

3 A Again, this was a discussion, Catherine 13:39:21
4 Sewell gave her opinion, I gave my opinion. We all 13:39:24
5 gave an opinion and, you know, that was the value of 13:39:28
6 that meeting over an e-mail chain that we could, 13:39:32
7 there was a, it was a discussion with give and take 13:39:35
8 and an exchange of ideas. It wasn't a lecture. 13:39:38

9 Q Did you have any further discussions with 13:39:43
10 Dr. Adashek about this procedure? 13:39:45

11 A No. 13:39:48

12 Q You spoke with him on the phone, correct, 13:39:52
13 before this procedure was performed? 13:39:54

14 A I believe I did because I got 13:39:55
15 clarification about what the patient's symptoms were 13:39:57
16 and I'm pretty certain that I did speak to him on 13:40:04
17 the phone prior to the case. I don't recall 13:40:09
18 speaking to him after the case. 13:40:12

19 Q Other than this meeting with Dr. Smyth and 13:40:17
20 Dr. Cunningham and others, did you speak about this 13:40:19
21 one case with anyone else at SJMC after, before or 13:40:25
22 after this procedure was performed? 13:40:33

1 A No, I may have had another conversation 13:40:35
2 with Catherine Sewell, again the chief of OB-GYN at 13:40:38
3 the time, but once the case was performed I don't 13:40:44
4 think that there were any other follow-up meetings 13:40:48
5 or anything like that. 13:40:51

6 Q And what was your meeting with Dr. Sewell? 13:40:53

7 A I don't think it was a meeting. It was 13:40:57
8 just a discussion that, you know, the case actually 13:40:59
9 ended up going forward. 13:41:02

10 Q I see. So the discussion sounds like it 13:41:05
11 was after the surgery was performed? 13:41:07

12 A Right. 13:41:09

13 Q And did you discuss the ERDs in that 13:41:11
14 conversation? 13:41:14

15 A I mean, if we did it was informal. I 13:41:22
16 can't recall. 13:41:24

17 Q And you said that you are not aware of one 13:41:29
18 way or another of whether the ethics committee met 13:41:33
19 and discussed this one procedure, correct? 13:41:36

20 A Correct. I was never given any feedback 13:41:38
21 if they had a ruling or didn't have a ruling, again, 13:41:41
22 my, my only outcome that I was aware of was that the 13:41:46

1 patient had the procedure. 13:41:50

2 Q I'm going to now turn to plaintiff's 13:42:03
3 procedure in 2020. Which you're aware that this 13:42:06
4 litigation centers on, correct? 13:42:11

5 A Yes. 13:42:14

6 Q And you were chief of surgery at that 13:42:16
7 time? 13:42:18

8 A Yes. 13:42:19

9 Q Do you recall who was supposed to perform 13:42:21
10 plaintiff's hysterectomy? 13:42:22

11 A Yes. 13:42:25

12 Q And who was that? 13:42:26

13 A Dr. Adashek. 13:42:28

14 Q Same surgeon who performed the 2018 13:42:30
15 hysterectomy? 13:42:32

16 A Yes. 13:42:33


17 Q Does he perform a lot of hysterectomies at 13:42:35
18 SJMC? 13:42:38

19 A He performs hysterectomies, you know. I 13:42:39
20 don't know the definition a lot but he performs 13:42:42
21 hysterectomies at SJMC. 13:42:44

22 Q When did you first become aware of 13:42:47

1 CERTIFICATE OF NOTARY PUBLIC

2
3 I, SHERI C. STEWART, the officer before whom
4 the foregoing deposition was taken, do hereby
5 certify that the witness whose testimony appears in
6 the foregoing deposition was duly sworn by me in
7 stenotype and thereafter reduced to typewriting
8 under my direction; that said deposition is a true
9 record of the testimony given by said witness; that
10 I am neither counsel for, related to, nor employed
11 by any of the parties to the action in which this
12 deposition was taken; and further, that I am not a
13 relative or employee of any counsel or attorney
14 employed by the parties hereto, nor financially or
15 otherwise interested in the outcome of this action.

16 

17
18 SHERI C. STEWART, RMR
19 Notary Public in and for the
20 STATE OF MARYLAND

21 My commission expires:
22 December 30, 2023

DR. MICHAEL J. MARION
Hammons vs University of Maryland Medical System

April 06, 2022

DEPOSITION ERRATA SHEET

Our Assignment No. J8078711

Case Caption: JESSE HAMMONS

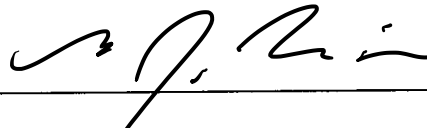
vs. UNIVERSITY OF MARYLAND MEDICAL SYSTEM

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury
that I have read the entire transcript of
my Deposition taken in the captioned matter
or the same has been read to me, and
the same is true and accurate, save and
except for changes and/or corrections, if
any, as indicated by me on the DEPOSITION
ERRATA SHEET hereof, with the understanding
that I offer these changes as if still under
oath.

Signed on the 16th day of

May, 2022.



DR. MICHAEL J. MARION

DR. MICHAEL J. MARION
Hammons vs University of Maryland Medical System

April 06, 2022

DEPOSITION ERRATA SHEET

Page No. 16 Line No. 8 Change to: "DHR" to
"EHR"

Reason for change: Transcription error

Page No. 17 Line No. 13 Change to: "they" to
"that"

Reason for change: Transcription error

Page No. 28 Line No. 7 Change to: "K-sequence"
to "case sequence"

Reason for change: Transcription error

Page No. 34 Line No. 7 Change to: "patient's"
to "patient is"

Reason for change: Transcription error

Page No. 40 Line No. 20 Change to: "admission"
to "mission"

Reason for change: Transcription error

Page No. 41 Line No. 2,6, Change to: "Asoby" to
11
"Asobi"

Reason for change: Typographical error

SIGNATURE:  DATE: May 16, 2022

DR. MICHAEL J. MARION

DR. MICHAEL J. MARION
Hammons vs University of Maryland Medical System

April 06, 2022

DEPOSITION ERRATA SHEET

Page No. 42 Line No. 5 Change to: "they" to
"there"

Reason for change: Transcription error

Page No. 43 Line No. 10 Change to: "admission"
to "mission"

Reason for change: Transcription error

Page No. 46 Line No. 18 Change to: "admission"
to "mission"

Reason for change: Transcription error

Page No. 47 Line No. 3 Change to: "cancelled"
to "posted"

Reason for change: Transcription error

Page No. 51 Line No. 21 Change to: "in" to
"as a"

Reason for change: Transcription error

Page No. 55 Line No. 2 Change to: "administrator"
to "administration"

Reason for change: Transcription error

SIGNATURE:  DATE: May 16, 2022

DR. MICHAEL J. MARION

DR. MICHAEL J. MARION
Hammons vs University of Maryland Medical System

April 06, 2022

DEPOSITION ERRATA SHEET

Page No. 59 Line No. 6 Change to: ", it" to

"that"

Reason for change: Transcription error

Page No. 61 Line No. 6 Change to: "performed"

to "perform"

Reason for change: Transcription error

Page No. 70 Line No. 8 Change to: "Wisely" to

"wisely"

Reason for change: Typographical error

Page No. 76 Line No. 22 Change to: "my, my" to

"the"

Reason for change: Transcription error

Page No. 78 Line No. 8 Change to: "perfected. That
I became" to "performed that I became"

Reason for change: Transcription error

Page No. 80 Line No. 1 Change to: delete

"She's a patient"

Reason for change: Transcription error

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DEPOSITION ERRATA SHEET

Page No. 80 Line No. 13 Change to: "you are"
to "your"

Reason for change: Typographical error

Page No. 83 Line No. 6 Change to: "department's"
to "department is"

Reason for change: Typographical error

Page No. 85 Line No. 1 Change to: Delete "one"

Reason for change: Transcription error

Page No. 88 Line No. 10 Change to: "Barber" to
"Barbara"

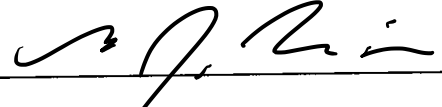
Reason for change: Typographical error

Page No. 94 Line No. 8 Change to: "schedules"
to "schedulers"

Reason for change: Transcription error

Page No. 95 Line No. 2 Change to: "good" to "due"

Reason for change: Transcription error

SIGNATURE:  DATE: May 16, 2022
DR. MICHAEL J. MARION